



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/08 to 08/25/08

1. Committee I.D. Number

138224

4. Candidate Last Name

First Name

M.I.

Joseph

David

M.

4a. Office Sought Including District # or Community Served (If applicable)

Chesterfield Township Trustee

4b. County of Residence

2. Committee Name

CTE David Joseph

5. Committee's Mailing Address

**28637 Buckinghamshire Dr.
Chesterfield, MI 48047**

6. Treasurer's Name & Residential Address

**Christine Joseph
28637 Buckinghamshire Dr.
Chesterfield, MI 48047**

Area Code and Phone (586) 212-3148

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 980-0694

7. Treasurer's Business Address

**28637 Buckinghamshire Dr.
Chesterfield, MI 48047**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone (586) 980-0694

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08/05/08

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **Christine Joseph**

Type or Print Name

Signature

Date

9-4-08

Candidate **David Joseph**

Type or Print Name

Signature

Date

9/4/08



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138224

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE David Joseph

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$1,750.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$ <u>\$1,750.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$49.36</u>	(21.) \$ <u>\$839.38</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$34.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$34.00</u>	(23.) \$ <u>\$1,766.30</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$67.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
	(15.) = \$	<u>\$67.70</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$34.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$33.70</u>	*



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138224

CANDIDATE COMMITTEE

2. Committee Name CTE David Joseph

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: <u>Probation Officer</u> Employer Name & Business Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voters list</u> 5. Date Of Receipt: <u>07/23/08</u> 6. Vendor Name & Address: Charter Twp. of Chesterfield 47275 Sugarbush Chesterfield, MI 48047	\$ <u>1.32</u>	\$ <u>791.34</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: <u>Probation Officer</u> Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voters list</u> 5. Date Of Receipt: <u>07/24/08</u> 6. Vendor Name & Address: Charter Twp. of Chesterfield 47275 Sugarbush Chesterfield, MI 48047	\$ <u>1.64</u>	\$ <u>792.98</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>07/29/08</u> 6. Vendor Name & Address: New Baltimore Post Office New Baltimore, Michigan 480479998 2582330047-0098	\$ <u>27.00</u>	\$ <u>819.98</u>

Page Subtotal

\$ 29.96

819.98

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138224

CANDIDATE COMMITTEE

2. Committee Name CTE David Joseph

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Business Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voters list</u> 5. Date Of Receipt: <u>07/30/08</u> 6. Vendor Name & Address: Charter Twp. of Chesterfield 47275 Sugarbush Chesterfield, MI 48047	\$ <u>1.32</u>	\$ <u>821.30</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voters list</u> 5. Date Of Receipt: <u>07/29/08</u> 6. Vendor Name & Address: Charter Twp. of Chesterfield 47275 Sugarbush Chesterfield, MI 48047	\$ <u>1.64</u>	\$ <u>822.94</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: <u>Probation Officer</u> Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voters list</u> 5. Date Of Receipt: <u>07/31/08</u> 6. Vendor Name & Address: Charter Twp. of Chesterfield 47275 Sugarbush Chesterfield, MI 48047	\$ <u>1.32</u>	\$ <u>824.26</u>

Page Subtotal

\$4.28

\$824.26

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138224

CANDIDATE COMMITTEE

2. Committee Name CTE David Joseph

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047</p> <p>If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Business Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description Postage</p> <p>5. Date Of Receipt: 08/01/08</p> <p>6. Vendor Name & Address: BP Gas Station 43561 Groesbeck Hwy. Clinton Twp., MI 48036</p> <p>Click Here for Memo Itemization</p>	\$ 13.80	\$ 838.06
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047</p> <p>If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mount Clemens, MI 48043</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description Voters list</p> <p>5. Date Of Receipt: 08/01/08</p> <p>6. Vendor Name & Address: Charter Twp. of Chesterfield 47275 Sugarbush Chesterfield, MI 48047</p> <p>Click Here for Memo Itemization</p>	\$ 1.32	\$ 839.38
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description</p> <p>5. Date Of Receipt:</p> <p>6. Vendor Name & Address:</p> <p>Click Here for Memo Itemization</p>		

Page Subtotal

\$15.12

\$839.38

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

\$49.36

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mount Clemens MPO Address Mount Clemens, Michigan 48046-9998 2582330046-0096 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/08</u> Date	\$ <u>27.00</u>
Expenditure #2 Name Chase Bank Address 27100 23 Mile Road Chesterfield, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Checking account service fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/08</u> Date	\$ <u>7.00</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$34.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$34.00

Enter this total
on line 8a of
Summary Page